

**North Carolina Department of Health and Human Services
North Carolina Immunization Branch
Pharmacy Contact Information**

Please complete the contact information below, as well as all of the information on the third page and submit by email/fax to your appropriate Account Executive listed below:

Immunization Branch: Account Executives Contact Information	
Independent (Non-Mutual) Pharmacies, Independent (Mutual) Pharmacies, Carlie C's, Josef's, Mast, Drugs America and Health Care Center.	Account Executive: Hope Watson Fax: (919) 870-4823 Email: Hope.Watson@dhhs.nc.gov Phone: (919) 707-5557
Costco, Farm Fresh, Food Lion, Ingles, Kmart, Kroger, Sam's Club, BI-LO, CVS and Publix Pharmacies.	Account Executive: Brittney Wooten Fax: (919) 870-4823 Email: Brittney.Wooten@dhhs.nc.gov Phone: (919) 707-5116
Rite-Aid, Target and Harris Teeter Pharmacies	Account Executive: Kathryn Carney Fax: (919) 870-4823 Email: Kathryn.Carney@dhhs.nc.gov Phone: (919) 707-5597
Walgreens and Walmart Pharmacies	Account Executive: Shirelle Everett Fax: (919) 870-4823 Email: Shirelle.Everett@dhhs.nc.gov Phone: (919) 707-5598

If you do not see your store listed above, please contact **Brittney Wooten** for additional information.

1. Name of Chain/ Independent Pharmacy:
2. Pharmacy Street Address:
3. City & Zip:
4. Pharmacy Contact Name:
5. Phone Number:
6. Fax:
7. Email Address:

**North Carolina Department of Health and Human Services
North Carolina Immunization Branch
NORTH CAROLINA IMMUNIZATION REGISTRY IMMUNIZING PHARMACY AGREEMENT (2015-NCIR)**

The purpose of this agreement is to authorize _____ (**Specify store name and number**) to utilize access to the secure, internet-based, North Carolina Immunization Registry (NCIR) for record keeping and vaccine reporting. The conditions of the agreement listed below are effective through December 31, 2015.

With respect to the North Carolina Immunization Registry (NCIR), the Pharmacy Representative signing this agreement shall:

1. Ensure the North Carolina Immunization Branch is provided with an active, up-to-date business internet e-mail address for contact purposes.
2. Designate a trainer(s) to complete the training approved by the Division of Public Health's Immunization Branch for participation in the North Carolina Immunization Registry (NCIR). Provide documentation (i.e. log sheet) of training participants and training dates upon request of the North Carolina Immunization Branch. .
3. Require all individuals accessing NCIR under your authority to sign a *NCIR User Confidentiality Agreement* and retain the original copy on site for a minimum of three years.
4. Assume responsibility for all NCIR users. Ensure all current and new pharmacy staff receive initial NCIR training and ongoing training annually. Agree to not share NCIR user ID and/or passwords with any other individual either internal or external of their agency, and protect the confidentiality and integrity of the information contained in the NCIR.
5. Insofar as possible, assure that all patient/individual names and demographic information entered into the NCIR reflect the patient's full, legal name, (e.g. government issued id, driver's license, birth certificate, social security), gender, race, and current address.
6. Provide vaccines on time and simultaneously, as recommended and scheduled by the Advisory Committee on Immunization Practices (ACIP) unless a valid contradiction exists.
7. Completely and accurately document, for each patient served within your facility: historical immunization and other relevant information from a valid certificate of immunization, if available and immunization information for vaccine administered by an Immunizing Pharmacist.
8. Except for influenza vaccines administered under G.S. 90-85.15B (b) (6), access the NCIR for patient immunization records prior to administering any vaccine and record vaccines administered in the registry within 72 hours from the date of administration. In the event the registry is not operable, an immunizing pharmacist shall report as soon as reasonably possible. Document one hundred percent (100%) of all immunization information within 72 hours of administration
9. Ensure and maintain an up to date NCIR contingency plan for use during periods of internal internet disruption and/or NCIR outages. <http://www.immunize.nc.gov/providers/ncirmaterialsforms.htm>
10. Record the following in NCIR for each dose as required for an official certificate of immunization: (a.) patient name and date of birth (b.) date of administration, (c.) name and address of the pharmacy and, pharmacy store number, and name of the Immunizing Pharmacist, (d.) vaccine type/trade name (e.) vaccine manufacturer and lot number (f.) and edition date of the vaccine information statement (VIS) provided.
11. For each dose of vaccine administered, provide a written copy of the relevant current Vaccine Information Statement (VIS) to the patient. Supplement the VIS with visual or oral explanations as needed.
12. Give a certificate of immunization to the patient or legal representative when vaccines are administered.
13. Report all adverse events as they occur through the Vaccine Adverse Events Reporting System (VAERS) either electronically, by fax or mail. For a complete list of required reportable events go to: <http://www.vaers.hhs.gov/reportable.htm>.
14. Acknowledge and agree that all medical treatment and diagnostic decisions are the sole responsibility of the Immunizing Pharmacist and Supervising Physician. Immunizing Pharmacist further acknowledges and agree that the NCIR does not make medical decisions and is not a substitute for patient screening for contraindications and precautions every time a vaccine is administered following the minimum standard screening questionnaire and safety procedures adopted by the Medical Board, the Board of Nursing and the Board of Pharmacy pursuant to S.L. 2013 246, s. 6.

The North Carolina Immunization Branch or the Immunizing Pharmacy may terminate this agreement at any time for personal reasons or failure to comply with the conditions outlined in this agreement. The Immunizing Pharmacy is required to comply with any additional NCIR requirements as the NCIP or Centers for Disease Control (CDC) may from time to time impose.

I understand the terms of this agreement and agree to comply with this agreement and the rules promulgated by the State of North Carolina.

Business Internet E-mail Address

Federal Tax ID Number for the Facility

Signature

(DO NOT USE A STAMP)

Printed Name

(PRINT or STAMP)

Position Title

Date

Pharmacy Name and Store Number

Pharmacy Phone Number

Pharmacy Fax Number

Agreements missing any information will not be accepted.

DHHS 3451 (Revised 11/2014) Immunization

INSTRUCTIONS

PURPOSE:

This document constitutes a legal agreement under which the North Carolina Immunization Branch may provide access to the secure internet-based North Carolina Immunization Registry (NCIR) for an organization to obtain immunization information.

PREPARATION:

1. Prepare an original and a copy.
2. Print or type the organization's name.
3. This signature must be of an Immunizing Pharmacist who will assume responsibility over all immunizing pharmacists within their identified pharmacy.
4. The responsible person's signature must be an original; a stamp is not acceptable.
5. The agreement shall be available for review by Immunization Branch personnel.

DISTRIBUTION:

1. Fax to: Immunization Branch
Fax: (919) 870-4823
2. Retain a copy for your records.

DISPOSITION:

Completed (signed and dated) form must be retained until participation in the NCIR ends and for ten years following the end of the calendar year in which the agreement is terminated. If a notice of a claim or lawsuit has been made, this agreement(s) should be retained until after final disposition of the claim or litigation (including appeals).

SUPPORTING DOCUMENTS:

NC Immunization Law: <http://immunize.nc.gov/PDFs/NC%20Immunization%20Laws%20&%20Rules%202-2010.pdf>

Recommendations of the Advisory Committee on Immunization Practices:

<http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

VIS Statements: <http://www.immunize.nc.gov/providers/viss.htm>

Vaccine-Preventable Disease (VPD) Reporting Requirements:

<http://www.immunize.nc.gov/providers/vpdreporting.htm>

Vaccine Adverse Events Reporting System (VAERS): <http://vaers.hhs.gov/esub/index>